PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

Ellective October 1, 2003								10693045					
_				S FILED - PART I (Column 1)		umn_2)		SMALL ENTITY TYPE		OR	OTHER THAN		
T	OTAL CLAIMS	; 		00				RATE	FEE	7	RATE	FEE	
F	OR		NUMBER	FILED	NUME	BER EXTRA		BASIC FEE	385.00	OR!	BASIC FEE		
TC	OTAL CHARGE	ABLE CLAIMS	20 mi	inus 20=	*	0		X\$ 9=		OR	7,010		
 -	DEPENDENT C			ninus 3 =	* C)		X43=		OR	Yee		
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT		***************************************			+145=		OR			
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2	1	TOTAL		OR		770	
* If the difference in column 1 is CLAIMS AS A (Column 1) CLAIMS REMAINING AFTER AMENDMENT Total Independent FIRST PRESENTATION OF ML (Column 1) CLAIMS REMAINING AFTER AMENDMENT CLAIMS REMAINING REMAINING		AMENDE) - PAR	T II			•	<u></u>		OTHER			
	· ·			(Colum		(Column 3)	<u>)</u>	SMALL		OR	SMALLE	ENTITY	
MENT A		REMAINING AFTER		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	 	Minus	**		=] [X\$ 9=	[!	OR	X\$18=		
AME	Independent	<u> </u>	Minus	***		=]	X43=	1	OR	X86=		
	FIRST PRESE	:NTATION OF IVIC	JLTIPLE DEF	PENDEN	CLAIM		1	+145=		OR	+290≃		
							L	TOTAL.		122 r	TOTAL		
	•	(Column 1)		(Colum	OI	(Column 3)		ADDIT. FEE		O p	ADDIT. FEE		
m		CLAIMS		HIGHE	EST		1 r		ADDI-	ij		ADDI-	
AMENDMENT E		AFTER AMENDMENT		NUMB PREVIOL PAID F	DUŚLY	PRESENT EXTRA]	RATE	TIONAL FEE		RATE	TIONAL FEE	
ON.	Total	-	Minus	**		=] [X\$ 9=		OR	X\$18=		
AME	Independent	* ENTATION OF MU	Minus	***		=	\prod	X43=		OR	X86=		
	FINOI FOLUE.	NIATION OF INC	LTIPLE DEF	ENDENT	CLAlivi		, [+145=		OR	+290=		
						·	L	TOTAL DDIT. FEE			TOTAL ADDIT. FEE		
_		(Column 1)	·	(Columi	ın 2)	(Column 3)		JUII. 1			DUI1. 1		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	EST BER USLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM		 	Minus	**		= ;	1	X\$ 9=		OR	X\$18=		
AME		<u> </u>	Minus	***		-	1	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-						
* f	the entry in colur	mn 1 is less than the	e entry in colur	mn 2, write "	"0" in colı	umn 3.	ᆫ	+145=		OR L	+290= TOTAL		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													